

# GovDeals

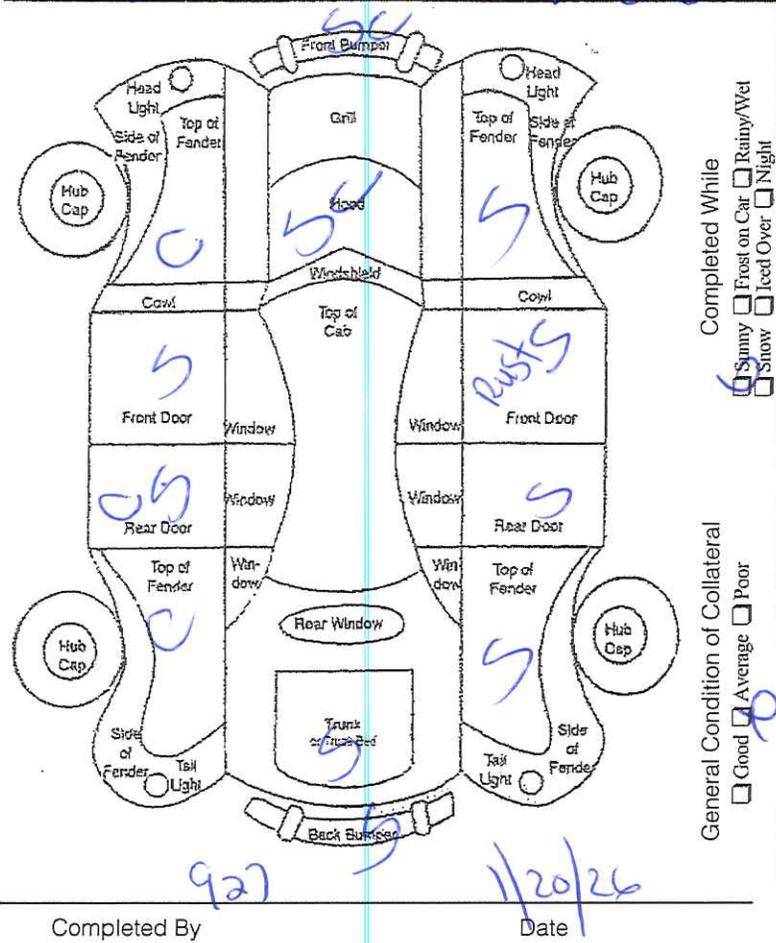
AWD / 4X4

Lot Space # \_\_\_\_\_ Summs Reference No. 348355

Client <u>Chesapeake</u>	Vehicle Info
Customer Name _____	Year <u>2011</u> Make <u>Dodge</u> Color <u>White</u>
Asset # <u>E1283</u>	Model <u>Charger</u> Doors <u>4</u> Ebrake: Yes / No
Unit Secured From <u>950 Greenbrier Pkwy Ches</u>	License No. _____ State _____ Exp. Date _____
	Mileage <u>136336</u> <input type="checkbox"/> Won't Display
	Heavy Damage: Yes / No

Date Recovered <u>1/20/26</u>	P/U By <u>971</u> Tow By & Truck # <u>104</u>	<table border="1"> <tr><td><input type="checkbox"/> Ignition</td></tr> <tr><td><input type="checkbox"/> Transponder</td></tr> <tr><td><input type="checkbox"/> Push Button</td></tr> <tr><td><input type="checkbox"/> No Key</td></tr> <tr><td><input checked="" type="checkbox"/> FOB <u>5</u></td></tr> <tr><td><input type="checkbox"/> Keys</td></tr> <tr><td><input type="checkbox"/> Has Keys Does not Run or Start</td></tr> </table>	<input type="checkbox"/> Ignition	<input type="checkbox"/> Transponder	<input type="checkbox"/> Push Button	<input type="checkbox"/> No Key	<input checked="" type="checkbox"/> FOB <u>5</u>	<input type="checkbox"/> Keys	<input type="checkbox"/> Has Keys Does not Run or Start
<input type="checkbox"/> Ignition									
<input type="checkbox"/> Transponder									
<input type="checkbox"/> Push Button									
<input type="checkbox"/> No Key									
<input checked="" type="checkbox"/> FOB <u>5</u>									
<input type="checkbox"/> Keys									
<input type="checkbox"/> Has Keys Does not Run or Start									
Time: _____ AM or PM									
Storage Address: <input checked="" type="checkbox"/> Summs Skip and Collateral Solutions 2616 Quality Court Virginia Beach, VA 23454									
Release Hours By Appointment Only									

VIN 2B3CL1CG2BH575262



M E C H A N I C A L	Engine	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> Rough	<input type="checkbox"/> Burns Oil
	Transmission	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> Slips	<input type="checkbox"/> Leaks Oil
	Clutch	<input type="checkbox"/> OK	<input type="checkbox"/> Fair	<input type="checkbox"/> Slips
	Brakes	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> Fair	<input type="checkbox"/> Pull Grab
	Battery	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> Dead <input type="checkbox"/> Disc..
	Engine Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This condition report was completed by a non mechanic and unit not road tested.	

	Good	Fair	Poor	None
T I R E S	L. Front	<input checked="" type="checkbox"/>		
	L. Rear	<input checked="" type="checkbox"/>		
	R. Front	<input checked="" type="checkbox"/>		
	R. Rear	<input checked="" type="checkbox"/>		
	Spare			

	OK	Crk	Chip	Missing
G L A S S	Windshield	<input checked="" type="checkbox"/>		
	L. Front		<input checked="" type="checkbox"/>	
	L. Rear		<input checked="" type="checkbox"/>	
	R. Front		<input checked="" type="checkbox"/>	
	R. Rear		<input checked="" type="checkbox"/>	

	Good	Fair	Poor	None
I N T E R	Inst Panel	<input checked="" type="checkbox"/>		
	F. Seats	<input checked="" type="checkbox"/>		
	R. Seats	<input checked="" type="checkbox"/>		
	Door Panels	<input checked="" type="checkbox"/>		
	Mat Carpet	<input checked="" type="checkbox"/>		

- EQUIPMENT**
- A/C
  - Rear A/C
  - Auto Trans
  - 3rd Row
  - Manual Trans
  - Navigation
  - Power Steering
  - Backup Camera
  - Power Brakes
  - Heated Seats
  - Power Windows
  - Cooled Seats
  - Power Seats
  - Power Door Locks
  - Power Mirrors
  - Cruise Control
  - Tilt Wheel
  - Sun Roof
  - AM FM  CD  DVD
  - Amp Subwoofer
  - Touch Display
  - Leather Seats
  - EV Charger
  - Breathalyzer
  - Trailer Hitch
  - Bed Liner
  - Step Rails
  - Tool Box: Locked Yes / No
  - Bed Cover or Cap: Locked Yes / No
  - Hubcaps # \_\_\_\_\_
  - Factory Rims
  - Aftermarket Rims

Completed By 927 Date 1/20/26

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Auction/Dealer Receipt for Repossession**

Date \_\_\_\_\_ Time \_\_\_\_\_

The undersigned acknowledges receipt of the above described vehicle in identical condition listed above.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_